



Commercial Driver Training School (CDTS) Student Questionnaire

School's Name: _____

Address: _____

Instructor's Name: _____ Phone Number: _____

Student's Full Name: _____

Address: _____

Date(s) Attended: _____ Phone Number: _____

The information you provide will be used to assess the general status of student training conducted by CDTS in Virginia. Your completion of this questionnaire will not affect your licensing status nor will your name be linked to the information you provide.

Please check the appropriate box in answer to the specific question asked. Use the area on the back of the form identified as "General" for any additional information you wish to make known to DMV.

If you took classroom instruction from the above school, please answer the following questions:

	Yes	No	Unknown
1. Did the classroom have:			
a. seating and writing surfaces for each student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. a reference library of appropriate materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. restroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the classroom instruction consist of at least 36 periods of training of 50 minutes each?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the course contain information on the influence of drugs and alcohol on driving and on seat belt laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the instruction presented in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the classroom in a person's home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continues on reverse side

If you took the behind-the-wheel instruction from the above school, please answer the following questions:

	Yes	No	Unknown
6. Was the vehicle equipped with:			
a. dual inside and outside mirrors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. dual braking systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. safety belts for each person in the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. a rooftop sign stating "Student Driver", "Learner" or "New Driver"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. a door sign indicating the school name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. a current safety inspection sticker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the behind-the-wheel instruction consist of at least 14 fifty (50) minute periods (7 driving and 7 observation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were there ever more than four (4) people in the vehicle during your behind-the-wheel instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL: Use the below area for your comments.

Signature (optional) _____ Date: _____

Please return this questionnaire in the postage paid envelope provided.